

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/576 485

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/		/			56		/				
7		/		/			57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61	/		/			
12		/					62		/				
13		/		/			63		/				
14		/		/			64		/				
15		/		/			65		/	/	/		
16		/		/			66		/				
17		/		/			67		/				
18		/					68		/	/	/		
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/		/			72		/				
23		/		/			73		/				
24		/					74						
25		/					75						
26		/		/			76						
27		/					77						
28		/					78						
29		/					79						
30	/		/				80						
31		/		/			81						
32		/					82						
33		/		/			83						
34		/					84						
35		/					85						
36		/					86						
37	/		/				87						
38		/		/			88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/		/			95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	24	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	16	←		←
TOTAL CLAIMS							TOTAL CLAIMS			20			